Revised December 1974

I certify (or declare) under penalty of perjusy that the foregoing is true

and correct.

SFUND RECORDS CTR 999000511

STATE WATER RESOURCES CONTROL BOARD STATE DEPARTMENT OF HEALTH PRODUCER OF WASTE (Must be filled by producer) HAULER OF WASTE (Must be filled by hauler) New (print or type): Sumari or Industrial P.O. or Contract No Telephone Mamber:\_ 757-1855 Pick Up: \_ State Liquid Waste Mouler's Registration No. (if applicable) Order Placed By: Type of Process No. of Loads or Trips: which Produced Wastes: (Examples: metal plating, equipment cleaning, oil drilling--Code No. Vehicle: wastewater treatment, pickling bath, petroleum refining) The described waste was houlded by me to the disposal facility named below and was accepted. DESCRIPTION OF WASTE (Must be filled by producer) I certify (or declare) under penalty Check type of wastes: of perjury that the Toregoing is true 1. D Acid solution 8. [] Tank bottom sediment and correct. 2. O Alkaline solution 9. 011 3. D Pesticides 10. Drilling and DISPOSER OF WASTE (Must be fulled by disposer) 4. Paint sludge 11. Contagnated soil and sand 2425 So. Garffeld Ave. 12. 🔲 Commercy waste 13. D hater Waste 14. D Huc and water 15. D Seine [] Tetractbyl lead sludge 2. Chemical toilet wastes Site Address: The hauler above delivered the described waste to this disposal facility and Other (Specify) it was an acceptable material under the terms of RMQCB requirements, State Department of Health regulations and local restrictions. Quantity measured at site (if applicable):\_ (Emmples: Hydrochistic seid, lime, countic sode, Concentration: phenolics, solvents (list), metals (list), Handling Nethod(s): organics (list), cyanide) Tecovery treatment (specify): | disposal (specify): | point | president | precipitation | pr If waste is held for disposal elgenhere a Disposal Date: I certify (or declare) under penalty of perjury that the foregoing is true and correct. []flameble COTTOSIVE -mplosive The site operator shall submit a legible copy of each completed Second to the barrels State Department of Health with monthly fee reports. (42 gal) Containers (specify) Physical State: Special Mandling Instructions (if any): The waste is described to the best of my ability and it was delivered to a licensed liquid waste hauler (if applicable) FOR INFORMATION RELATED TO SPILLS OR OTHER EMERGENCIES INVOLVING HAZARDOUS WASTE OR OTHER MATERIALS CALL (800) 424-9300.

Signature of authorized agent and title

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